

Golden Care (UK) Limited

Abington Park View

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place on the 27 and 28 May 2015.

Abington Park View accommodates and provides care for up to 26 older people, most of whom have dementia care needs. There were 21 people in residence during this inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were assured that there were sufficient numbers of staff that had acquired the skills they needed through training and experience to meet their needs. Recruitment procedures were robust and protected people from the poor practice of unsuitable staff compromising their safety.

Summary of findings

People benefitted from receiving care from staff that understood their duties and carried them out efficiently. Their manner was friendly and they encouraged people to retain as much independence as their capabilities allowed.

People's care plans reflected their individuality and their needs were regularly reviewed. People benefitted from receiving care from staff that listened to and acted upon what they said, including the views of their relatives, friends, or significant others. There were spontaneous as well as regularly organised activities to stimulate people's interest.

People's healthcare needs were met. Community based healthcare professionals were appropriately consulted and their advice and prescribed treatments acted upon, to help sustain people's health and wellbeing.

People enjoyed their food. They enjoyed a varied and balanced diet to meet their nutritional needs. Meal

portions suited people's appetites and choices of food suited people's individual preferences and tastes. Snacks were readily available. People who needed support with eating or drinking received the help they required.

People's medicines were securely stored and there were suitable arrangements for the disposal of discontinued medicines. Medicines were competently administered by staff in a timely way.

People and their representatives knew how and who to complain to. They were assured that they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

People's quality of care was effectively monitored by the audits regularly conducted by the registered manager and the provider. They benefitted from receiving care from staff that were supported and encouraged by the provider and the registered manager to do a good job caring for older people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People's care needs and any associated risks were assessed before they were admitted to Abington Park View. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People's medicines were competently administered and securely stored.

Good



Is the service effective?

The service was effective.

People received care from staff that had the training and acquired skills they needed to provide good care.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring.

People were individually involved and supported to make choices about how they preferred their day-to-day care. Staff respected people's preferences and the decisions they made about their care.

People were treated kindly, their dignity was assured and their privacy respected.

People received their care from staff that engaged with them, encouraging and enabling them to be as independent as their capabilities allowed.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's care plans were individualised and where appropriate had been completed with the involvement of significant others. People were supported to maintain their links with family and friends.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Good



Summary of findings

Is the service well-led?

The service was well-led

People benefited from being supported by staff that a good understanding of what constituted good care. Staff were enabled to maintain good standards of care because they received the managerial support they needed and acted upon their collective and individual responsibilities.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefited from receiving care from staff that were encouraged to put forward ideas for making improvements to the day-to-day running of the service.

Good



Abington Park View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out by an inspector and took place on the 27 and 28 May 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say. We also used the 'Short Observational Framework Inspection (SOFI); SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed three people's bedrooms by agreement.

During this inspection we spoke with five people who used the service, as well as two visitors to the home. We looked at the care records of five people. We spoke with the registered manager, and five care staff. We looked at five records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Is the service safe?

Our findings

People's needs were safely met by sufficient numbers of staff on duty. Staff said if people's changing needs necessitated additional staff timely arrangements were made to facilitate this. People said if they needed assistance there was always enough staff on duty to make sure they receive the care they needed.

People were protected by care staff responding in a timely way to their needs. One person said, "If I need them [staff] they are there for me." The person said that made them feel they were safe. We saw that the care staff were able to focus upon safely meeting people's needs because there were ancillary staff on duty to ensure other essential tasks, such as cleaning, cooking and general maintenance did not compromise their capability to provide safe care.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns

with the right person if they suspected or witnessed or suspected ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults team.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by care workers that had received appropriate training.

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People were assured that regular maintenance safety checks were made on safety equipment, such as the fire alarm, smoke detectors and emergency lighting. Other equipment used to support care staff with people's personal care, such as hoists, was regularly serviced to ensure safe operation.

Is the service effective?

Our findings

People received care and support from care staff that had acquired the experiential skills as well training they needed to care for older people, including those people with dementia care needs.

Newly recruited care staff received a thorough induction that prepared them for working in the home. Staff confirmed their induction provided them with the essential knowledge they needed when they started work. One staff member said, “This sort of [care] work was new to me. Once I had completed my induction they [the registered manager] made sure I worked alongside [another more experienced care staff member]. [The registered manager] wanted to be sure I knew what was expected and that I felt confident. We get lots of training and I’m getting the experience and support I need to do my job.”

The registered manager and care staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. People’s care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff knew what they needed to be mindful of with regard to guarding against inadvertently compromising people’s liberty and ensuring that people consented to their care. We heard staff explain what they were doing when they were assisting people and asking them if they understood and agreed with what had been proposed even if this simply involved making someone more comfortable in their chair.

People’s needs were met by care staff that were effectively supervised. Care staff had their work performance regularly appraised at regular intervals throughout the year by the registered manager. Care staff participated in ‘supervision’ meetings and staff confirmed that the senior staff and registered manager were readily approachable for advice and guidance.

People’s healthcare needs were monitored so they received the timely treatment they needed from other professionals such as, for example, their GP or community nurses. There was effective communication between care staff and, for example, the local GP surgery, so that people were assured that appropriate healthcare professionals were consulted and their advice acted upon by staff as necessary.

People’s nutritional needs were met. Care workers acted upon the guidance of healthcare professionals that were qualified to advise them on people’s individual nutritional needs. We saw that portions of food served at lunchtime were ample and suited people’s individual appetites. Where people were unable to express a preference the kitchen staff used information they had about the person’s likes and dislikes. People said they had enough to eat and drink. People that needed assistance with eating or drinking received the help they needed and were not rushed and had the time they needed to savour their food. Hot and cold drinks were readily available and care workers prompted people to drink, particularly people whose dementia had compromised their ability to communicate verbally.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care workers so that people were treated in a dignified way in front of others. People were assisted to their bedroom, bathroom, or toilet whenever they needed personal care that was inappropriate in a communal area. Care staff also made sure that doors were kept closed when they attended to people's personal care needs.

People received their care and support from care staff that were compassionate, kind and respectful. They were mindful of people's dignity and individuality. People's individuality was respected by care staff that directed their attention to the person they were engaging with. They used people's preferred name when conversing with them. One person said, "I don't know how they remember but they [staff] know everyone by name. Makes you feel a bit special."

People were encouraged to make everyday choices about their care ranging from whether they wanted to remain

their room or join in with an activity. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice.

People were not left in distress or discomfort. Care staff were observant and sensitive to people's individual needs and responded promptly when people needed help or reassurance. They engaged in a timely way with people including those individuals who, because of their dementia, were less able to verbalise what they needed. Care staff were able to tell us about the signs they looked for that signalled if an individual was unsettled and needed their attention.

People's visitors were encouraged and made welcome. The visitors we spoke with were happy with the arrangements in place for them to be with their relatives. One visitor said, "We are never made to feel in the way. We can visit [relative] anytime and that suits us and [relative] because sometimes it's not always easy to come at a certain time."

People were encouraged to bring items into the home which enabled them to personalise their own room. We saw evidence of this in people's bedrooms, with items of personal value on display, such as photographs and other personal mementos.

Is the service responsive?

Our findings

People's needs were assessed prior to their admission. Their abilities and interests were taken into consideration when their care plan was drawn up so that staff were enabled to provide individualised support to meet their needs. People who were able to make decisions about their care had been involved in planning and reviewing their care.

We saw that people's care and support needs were accurately recorded and their views of how they wished to be cared for were known. If a person's ability to share their views had been compromised then significant others were consulted. This was also confirmed by the relatives we spoke with who were visiting the home when we inspected.

People had a range of activities that were organised or on offer on a daily basis. These activities were tailored to suit older people, for example enjoying music that was topical when they were younger. There were also activities involving reminiscence such as showing people photographs or everyday objects that were in common usage to stimulate memories and engage people in conversation. People could freely choose to join in if they wanted to. One person said, "It's nice to see the old pictures [photographs]. You forget so much when you get to my age."

People who preferred to keep their own company were protected from isolation because care staff made an effort to engage with them individually. They used their knowledge of the person's likes and dislikes to strike up a conversation or encourage them to participate in communal activities or in a one-to-one activity they enjoyed.

People, or their representatives, were provided with the verbal and written information they needed about what to do if they had a complaint. The visitors we spoke with said they had been given information about how to complain formally. One visitor said, "I doubt we would ever need to complain in writing. They [registered manager] would sort anything out right away if we were unhappy about anything. There's always going to be the occasional niggle but they [registered manager and staff] always listen and we have never felt that we wouldn't be taken seriously. Even if in the unlikely event [registered manager] did nothing we know we could go straight to the owner [provider]. They [provider, registered manager, and staff] are all approachable so any complaints wouldn't get ignored."

Is the service well-led?

Our findings

People were supported by a team of care workers and other staff that had the managerial guidance and support they needed to do their job. Care staff had the information they needed regarding the 'whistleblowing' procedure in place if they witnessed or suspected poor care or abuse and needed to raise concerns with the appropriate people.

A registered manager was in post when we inspected that had the knowledge and experience to motivate care staff to do a good job. Care workers confirmed that the registered manager or other senior staff were always available if they needed guidance or support. We saw there was always a senior member of staff 'on call' when night care staff were on duty.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People received care from a staff team that were encouraged and enabled to reflect on what constituted good practice and identify and act upon making improvements. Care staff said the registered manager used regular supervision and appraisal meetings with care staff constructively so that any ideas for improving people's service were encouraged. They said this made them feel they had a valued contribution to make that ultimately benefitted the people they provided with care. They said that the registered manager respected them and valued their efforts to provide people with a safe,

homely living environment. One visitor said, "They [registered manager] always speaks nicely to them [care staff]. I think that goes a long way towards creating a good atmosphere in the home."

People were assured of receiving care in a home that was competently managed on a daily as well as long term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received. People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored in the registered manager's office to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and by the provider. These audits included analysing satisfaction surveys and collating feedback from visitors including relatives and healthcare professionals.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.